

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Herbert SCHLACHTER

Application No.: 09/743,577

Confirmation No.: 5756

Filed: March 12, 2001

Art Unit: 1616

For: Skin and tissue care and/or treatment agent

Examiner: S. S. Gollamudi

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

MS 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of August 2007 for the above-identified

☒ application

☐ patent

☒ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

AMOUNT OF
REFUND
REQUESTED☐ filing fee _____☐ search fee _____☐ examination fee _____☐ surcharge for filing the basic filing
on a date later than the filing date of
the application (37 C.F.R. § 1.16(e)) _____

and/or

☐ surcharge for filing the oath or declaration
on a date later than the filing date of the
application (37 C.F.R. § 1.16(e)) _____☐ extension of term☐ first month _____☐ second month _____☐ third month _____☐ fourth month _____☐ excess claims _____☐ issue fee _____☐ petition fee _____

<input type="checkbox"/>	patent maintenance fee	_____
<input type="checkbox"/>	first maintenance fee	_____
<input type="checkbox"/>	second maintenance fee	_____
<input type="checkbox"/>	third maintenance fee	_____
<input type="checkbox"/>	patent maintenance fee surcharge	_____
<input checked="" type="checkbox"/>	Other: Additional Claims Fee	<u>\$495.00</u>

TOTAL REFUND REQUESTED \$495.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The multiple dependent claims fee was paid on January 12, 2001 at the time of filing the new application.

Upon checking through the records, Applicants found the error of listing the total number of claims paid as 61 instead of 41 on the amendment transmittal form filed on September 12, 2005. As we paid additional claims fee of \$500 for 20 additional claims on August 8, 2007, only \$500 for the balance of the total claim number should have been charged, rather than the \$995 actually charged.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated: SEP 17 2007

Respectfully submitted,

By Mark J. Muell
Mark J. Muell
Registration No.: 36,623
BIRCH, STEWART, KOLASCH & BIRCH, LLP
8110 Gatehouse Road
Suite 100 East
P.O. Box 747
Falls Church, Virginia 22040-0747
(703) 205-8000
Attorney for Applicant

Attachment(s)

Deposit Account Statement

Statement

Month: Aug-07

Account

Number: 22448

Name: STEWART
KOLASCH &
BIRCH

Attention:

Street GATEHOUSE

Address 1: E ROAD

Address 2: EAST

City: CHURCH

State: VA

Zip: 22042

Country: STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
13-Aug	1	9743577 0147-0220P		2203	\$145.00	\$335,497.00
13-Aug	2	9743577 0147-0220P		2202	\$850.00	\$334,627.00